

SCHEDULE 1 – THE SERVICES

A. Service Specifications

Service Specification No.	
Service	STOMP Medication Review Service in Primary Care 0.5 FTE Band 7 LD Specialist Independent Prescriber 1 FTE Band 5 LD Specialist Nurse
Commissioner Lead	Louise Stainer
Provider Lead	Sheila Halpin
Period	2019-2020
Date of Review	March 2020 or as required

1. Population Needs

1.1 National/local context and evidence base

In July 2015 NHS England promised rapid and sustained action to tackle the over-prescribing of psychotropic drugs to people with learning disabilities after three separate reports highlighted the need for change.

Their research found that:

- There is a much higher rate of prescribing of medicines associated with mental illness amongst people with learning disabilities (LD) than the general population, often more than one medicine in the same class, and in the majority of cases with no clear justification;
- Medicines are often used for long periods without adequate review, and;
- There is poor communication with parents and carers, and between different healthcare providers.

Following these reports, NHS England led a 'call to action' which brought together representatives of professional and patients groups to make sure changes were made to these inappropriate practices. This led to a pledge to reduce over medication and the start of the STOMP (stop over medication of people with learning disabilities, autism or both) project about stopping the over use of psychotropic medicines. The three year project runs until 2019.

The STOMP guideline was produced in 2016, the goal being to improve the quality of life of people with a learning disability, autism or both by reducing the potential harm of inappropriate psychotropic drugs.

Across DDES and ND CCGs progress has been made on collecting data about the trends and numbers of patients who are prescribed psychotropic medication for management of behaviour that challenges. A total of 5253 patients were identified as having learning disabilities or autism (or both) in the two CCGs. Of these, 1920 patients (36.5%) were identified as taking a psychotropic medication, with a total of 3262 medications prescribed. This is higher than the national average of 30%.

759 patients (14.4% of the total) were prescribed at least one psychotropic medication specified in the primary care record for management of behaviour that challenges, with 1129 medications prescribed. 39.9% of patients were solely under GP for review of this medication (303 patients). There were

differences between the two CCGs, with DDES CCG having a greater percentage of patients with learning disabilities or autism prescribed a psychotropic medication with no linked indication or specified for management of behaviour.

Work done in other CCGs such as North of Tyne and Leeds shows that collaborative working between specialist services, primary care, carers and patients can be used to review prescribing, suggest meaningful recommendations and rationalise inappropriate antipsychotic prescribing in this vulnerable population group. This is best done by an Independent Prescriber specialising in Learning Disabilities who has the knowledge and expertise to review these medications safely and appropriately, with appropriate support from a Specialist LD nurse to support patients, carers and family members through the reduction of prescribing key medication in line with the national STOMP agenda. They will need to link in with other services such as Positive Behavioural Support Teams within the local Mental Health Trust, and the newly commissioned IPF funded Medicines Optimisation in Care Homes Team.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	X
Domain 2	Enhancing quality of life for people with long-term conditions	X
Domain 3	Helping people to recover from episodes of ill-health or following injury	X
Domain 4	Ensuring people have a positive experience of care	X
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	X

2.2 Local defined outcomes

This service will align with the NHSE STOMP campaign, ensuring that DDES and ND CCGs improve the delivery of services to patients with learning disabilities and/or autism who are being treated with psychotropic medication for the management of behaviour that challenges but who do not receive secondary care review of this medication (estimated around 300 patients). This will include;

- Ensuring people with a learning disability, autism or both, of any age and their circle of support are fully informed about their medication and are involved in decisions about their care
- Ensuring all relevant staff have an understanding of psychotropic medication including why it is being used and the likely side effects
- Actively exploring alternatives to medication
- Ensuring all people are able to speak up if they have a concern that someone is receiving inappropriate medication
- Maintaining accurate records about a person's health, wellbeing and behaviour
- Ensuring that medication, if needed, is started, reviewed and monitored in line with the relevant NICE guidance
- Working in partnership with people with a learning disability, autism or both, their families, care teams, healthcare professionals, commissioners and others to stop over medication.

The initial service will be a fixed term pilot that aims to achieve the following;

- An increase in the number of relevant patients within DDES and ND CCGs who have had an appropriate STOMP medication review
- Improved awareness and understanding of the STOMP campaign amongst patients, carers, primary care prescribers and other relevant groups in DDES and ND CCGs.
- Improved awareness amongst primary care prescribers of the guidelines for management of behaviour that challenges in patients with learning disabilities and/or autism.
- Increased understanding of the baseline characteristics of these patients who are taking medications that are not reviewed under secondary care including but not exclusive to patient Quality of Life, need for additional interventions in order to achieve medication reviews etc.

3. Scope

3.1 Aims and objectives of service

The aims of the service are to support the STOMP agenda in patients with LD and/or autism on psychotropic medication for the management of behaviour that challenges who are not under secondary care for review of this medication. This will be done by identifying the appropriate patients, disseminating communication, providing STOMP medication reviews, reviewing medication where possible and scoping the extent of additional services that may be required to safely review and reduce medication. It will support the CCG as commissioner of services in the safe, effective and cost effective use of these medicines in primary care. This service will be led by a LD Specialist Independent Prescriber (band 7) along with a LD specialist nurse (band 5). The service will integrate with GPs, community pharmacists, care home staff, community care teams, family and carers and other healthcare team members as needed to meet the patient's care needs.

This service will be provided within DDES and North Durham Clinical Commissioning Group (CCG). The service will have equitable access, ensuring that patients are treated with dignity and respect, are fully involved in decisions about their medicines and care in partnership with healthcare professionals.

3.2 Service description

The provider will provide a structured psychotropic medication review service to relevant patients with LD and/or autism in DDES and North Durham Clinical Commissioning Groups or who are registered with a GP practice who is a member of DDES or North Durham CCGs, and where possible improve the safety of these medication by reducing prescribing, amending primary care clinical records and making suggestions for monitoring requirement. The provider will also scope the extent of additional services that may be required for these patients in order to inform further work in this patient population.

The provider will;

Ensure the service is appropriately targeted, communicated and implemented within practices

- 3.2.1 Liaise with the CCG MO team in order to target service resources as appropriate to practices across the two CCGs.
- 3.2.2 Work with the CCG MO lead, lead GPs, practice managers and practice pharmacists to introduce the service in practices, communicate about working patterns and manage workload in an appropriate manner, including use of clinical systems where appropriate.
- 3.2.3 Work with the Joint MO team to develop resources such as Patient Information Leaflets and easy to read letters to support the STOMP campaign and the work of the service.
- 3.2.4 Engage with all relevant stakeholders to promote the service and ensure that mechanisms for mutual support to benefit patient care are developed.
- 3.2.5 Agree ways of working with practices to keep disruption of their normal services to a

minimum.

3.2.6 Liaise with GP practices to facilitate read-write access to medical records and defined processes.

3.2.7 Work with practice pharmacists and/practice managers to use available searches to find a list of patients within each practice with LD and/or autism who have received psychotropic medications within the last three months prior to the review, and who do not have these medications reviewed by secondary care.

Conduct STOMP reviews with appropriately identified patients

3.2.8 Utilise the list provided by the practice or practice pharmacist to ensure that all patients with LD/autism who are prescribed a psychotropic medication for management of behaviour that challenges but who do not have this medication reviewed by secondary care are offered a STOMP review (see 3.9.1 for inclusion criteria, estimate 300 patients)

3.2.9 Prior to the review the STOMP team will liaise with the practice in order to ensure these patients and their carers receive appropriate information about the STOMP campaign, and the STOMP Review Service, how to identify and report medicines-related patient safety incidents and how to access de-prescribing services. This includes easy-to-read format letters etc.

3.2.10 The STOMP prescriber will liaise with the patient and carers and the practice to ensure the medication review takes place in a mutually agreeable time and location. This may be at the practice or if required at the patient's own home or care setting.

3.2.11 Provide structured reviews with appropriate patients (see inclusions section 3.9.1 and exclusions section 3.9.2) in order to review behaviours that challenge and associated medication. Estimate 300 patients from audit

3.2.12 The STOMP reviews will include;

- Medication review indicated in Tier 1 of PBS Pathway focusing on Quality of Life.
- Review of annual health check and clinical records to confirm indication for psychotropic drug prescription.
- Identification of target symptoms, benefits and side effects of psychotropic use and outcome of any previous attempts in stopping medication.
- Psychotropic drug education with patient, family and carer. Discuss potential risks and benefits. Provide reasonable adjustments and easy read material with reference NHS England's STOMP Pledge.
- Listen and discuss potential risks and benefits to a psychotropic drug reduction. Understand the concerns and expectations.
- Consider a formal best interest decision meeting.
- Development of a patient-based outcome focused action plans for active de-prescribing of inappropriate medication, management of problematic polypharmacy or side effects and any monitoring concerns.
- Discussion of alternative methods to manage behaviour
- Implementation of a plan of clinical monitoring to ensure patient safety and reduce risk from use of psychotropic medicines in-line with national and local guidance e.g. blood pressure, biochemistry as required
- Timetabling of further review appointments and follow up as required

3.2.13 Where the STOMP review is declined by the patient or carers this will be appropriately recorded and coded in the primary care record, and any recommendations regarding inappropriate medications, problematic polypharmacy or side effects and monitoring concerns

will be fed back to the lead practice GP.

- 3.2.14 The service will need to be able to undertake medication reviews and agree recommended actions with the patients' GP. The provider must be able to ensure their actions are recorded in the patient's medical record ideally through real time access to patient notes. Documentation of the reviews within GP clinical systems should be undertaken within 2 working days.
- 3.2.15 Ensure that all interventions from the STOMP reviews are appropriately recorded and coded in the patient primary care record and provided as feedback to the practice lead GP. Documentation of the reviews within GP clinical systems should be undertaken within 2 working days. This could be using templates as appropriate.
- 3.2.16 Identify patients who would be suitable for PBS intervention by providers e.g. staff in care homes where available.
- 3.2.17 Where possible rationalise and review medication.
- 3.2.18 Identify and collect appropriate data on patients who would require further support to safely reduce medication, for example Tier 2 or Tier 3 support, in order to collect data on additional services that may be required by this patient population

Provide feedback to the Lead GP

- 3.2.19 Discuss each patient with LD and/or autism prescribed a psychotropic medication for management of behaviour that challenges and their associated action plan along with any recommendations for management of medication reductions, side effects or monitoring and any issues identified with the relevant lead GP in each practice. This should include discussion on how to manage any patients who decline a STOMP review. These discussions should ideally be undertaken within 5 working days
- 3.2.20 Conduct follow up review appointments as appropriate with the patients and their carers', and assess in-line with the patient-based action plan in order to maximise outcomes for the patient
- 3.2.21 Liaise with the service users and carer and the multi-disciplinary team involved in the care of the individual. Including the relevant LD nurse, the Positive Behavioural Support Team, the practice GP lead and the Consultant Psychiatrist's team, and other professionals where appropriate in order to provide support in the event of any changes in medication.
- 3.2.22 Liaise with the clinical pharmacists in general practice, with the support of the GPs if needed, to ensure that the recommendations are actioned and follow up review is continued at intervals recommended in the plan.
- 3.2.23 If necessary liaise with the lead GP at the practice and the Specialist Consultant at TEWV regarding patients that are a cause for concern

Education and guidelines

- 3.2.24 Provide training and education to prescribers working in primary care within DDES and North Durham CCGs in order to improve their understanding and knowledge of local and national guidance, monitoring etc. associated with the use of psychotropic medication and the management of difficult behaviour in patients with LD and/or autism.
- 3.2.25 Support the Joint CCG MO team in the development of guidance to improve the safety and appropriateness of psychotropic medications prescribed for management of behaviour in primary care
- 3.2.26 Support the Joint CCG MO team in the writing and presentation of reports with regards to the STOMP agenda nationally and locally, including applications for additional services/funding

as required.

3.3 Integration

- 3.3.1 The provider will work as part of the wider multidisciplinary health and social care team.
- 3.3.2 The provider must engage with GP practices that have the responsibility for care of patients with LD and/or autism
- 3.3.3 The provider and GP practices will need to have a clear process with appropriate governance to allow the team access to the patient GP Care record and there will need to be a framework that describes how the pharmacist will have access to prescribing capability for the LD and/or autism patients of that practice.
- 3.3.4 The provider will need to be integrated across health and social care.

3.4 Workforce and Training

- 3.4.1 The service will be provided by competent practitioners with relevant and up to date qualifications and who have relevant skills to successfully deliver this service and achieve improved patient health outcomes. Practitioners must be able to evidence training, competency and maintenance of competency which may be requested by the commissioner at any time.
- 3.4.2 The STOMP Team should have access to a local clinical specialist for support with regards to queries.
- 3.4.3 The STOMP Team will undertake the necessary Statutory and Mandatory training as specified by the commissioners.

3.5 Clinical Service

- 3.5.1 Treatment and care should take into account patients' needs and preferences. Patients should have the opportunity to make informed decisions about their care and treatment, in partnership with their healthcare professionals. If patients do not have the capacity to make decisions, healthcare professionals should follow the Department of Health guidelines – 'Reference guide to consent for examination or treatment (second edition)' (2009) (available from www.dh.gov.uk). Healthcare professionals should also follow the code of practice that accompanies the Mental Capacity Act (summary available from www.publicguardian.gov.uk).
- 3.5.2 Arrangements must be made by the service provider in conjunction with the GP Practice for non-English speakers and those with sensory impairments at no additional cost to the Commissioner of this service. People from black and minority ethnic groups may have different cultural and communication needs and these should be considered during diagnosis and management. The need for interpretation should be considered alongside other means of ensuring that an individual's needs are appropriately met. An interpreter should have both cultural and medical knowledge. Interpreters from the family are generally not suitable because of issues such as confidentiality, privacy, personal dignity, and accuracy of translation.
- 3.5.3 The provider will ensure that the service is Dementia Friendly.
- 3.5.4 The provider will support collection of any QOF data to ensure that, unless exception reported, all quality framework criteria are met. The provider will update relevant QOF indicator records on the GP clinical system e.g. blood pressure checks.

3.6 Evaluation, Metrics and Technology

- 3.6.1 Standards

By end of each appropriate month, the following standards will be met in the relevant

practices (see Appendix 1 for list of practices in each cohort)

By end of Month 3 – Cohort 1 practices

By end of month 6 – Cohort 2 practices

By end of month 9 – Cohort 3 practices

By end of month 12 – Cohort 4 practices

- All patients with LD and/or autism taking psychotropic medications for management of behaviour that are not reviewed by a secondary care will be contacted and given details about the service and the STOMP campaign
- All patients with LD and/or autism taking psychotropic medications for management of behaviour that are not reviewed by secondary care will be offered a face-to-face review of their medication with a specialist prescriber, and have this coded in their primary care record
- All applicable patients who agree will have a face-to-face discussion about their medication with a LD specialist for screening and baseline review and a relevant action plan developed to enable achievement of patient-agreed goals and outcomes
- All action plans will be appropriately feedback to the practice lead GP, actioned, reviewed and followed up in order to maximise achievement of patient agreed outcomes and to improve patient safety.

If this is not possible the provider will inform the commissioner in order to negotiate changes to the standards and roll-out to practices as required by workload.

By end of contract the following standards will be demonstrated as part of the end of year evaluation

- An increase in number of patients that have received a coded STOMP medication review (based on coding obtained from BI)
 - An improvement in awareness of the STOMP campaign in patients with LD and/or autism and their family and carers (based on patients and carer feedback/interview)
 - An improvement in CCG prescriber and staff awareness of the STOMP campaign (based on education feedback)
 - An improvement in primary care prescriber awareness of appropriate management of behaviour that challenges in patients with LD and/or autism (based on education feedback)
- 3.6.2 Standards will be reviewed annually and, where appropriate, amended to meet the needs of patients and the CCG's priorities
- 3.6.3 The provider will collect data from to include number of practices, no of patients with LD and/autism and number of clinical record reviews and face-to-face reviews undertaken.
- The provider will collate data and provide regular reports to the MO team lead at CCG, locality and GP practice level as required
- The provider will also collect relevant data on the patient population in order to determine whether additional services are required for this population.
- 3.6.4 The provider will demonstrate use of data and metrics to develop the service and drive patient care.
- 3.6.5 The provider will attend and report progress at quarterly review meetings with the commissioner and the CCG lead at which the performance and delivery of services shall be reviewed.
- 3.6.6 The provider will provide a final report at the end of the allocated time to show evidence of meeting the standards.

3.7 Governance

- 3.7.1 The service provider must have appropriate professional indemnity to undertake the service.
- 3.7.2 The provider is responsible for all special equipment as required.
- 3.7.3 The provider should ensure that all information be transmitted safely and securely for example by using an nhs.net email account to nhs.net email account. If the provider does not use NHSmail then usage will be sponsored by the Commissioner of this service.
- 3.7.4 Highlight to the CCG any concerns, errors or near misses relating to medicines identified during reviews via the normal processes such as incident reporting.
- 3.7.5 The provider must ensure that a lone worker policy is in place for any staff providing a service on behalf of DDES and North Durham CCGs.
- 3.7.6 Ensure staff follow clear, well developed Standard Operating Procedures
- 3.7.7 The service provider will be required to demonstrate contingency plans and business continuity plans for the management of services during expected and unexpected leave. It is the responsibility of the service provider to arrange and ensure cover for staff sickness and absence
- 3.7.8 Ensure the lead commissioner is notified of any long term vacancy issues.
- 3.7.9 Manage the service within the activity and financial limits outlined in this specification. The commissioner shall not be held liable for any additional costs.
- 3.7.10 Obtain patient consent for medication reviews and document within medical records.
- 3.7.11 The service provider is required to be available to provide this service within specified times and days of the week as agreed with the Commissioner of the service. The number of hours worked within the working day shall not exceed 8 hours without a recognized break and the working day should not total more than 8 hours. Hours should be completed between the hours of 0800 and 1800.
- 3.7.12 Patient Reviews should not routinely be carried out on weekends or bank holidays unless prior permission is sought from the Commissioner of the service.
- 3.7.13 The Provider shall comply with the requirements of the Data Protection Act and shall ensure that all staff are aware of GDPR/Data Protection Act and confidentiality of information. Patient information held in electronic form shall be encrypted and or password controlled with access appropriately restricted. All customer paper based records shall be stored in locked cupboards / filing cabinets at all times
- 3.7.14 The Provider will ensure that Information Governance policies and procedures have been updated to reflect changes made to NHS National Contracts as a result of changes in legislation for the General Data Protection Regulation (GDPR).
- 3.7.15 The Provider shall co-operate and assist in the investigation of complaints from patients concerning any aspects of care provided by the service.

3.8 Population covered

Patients with LD and/or autism registered with GP practices who are members of DDES or North Durham CCGs.

The service will have equitable access, ensuring that patients are treated with dignity and respect, are fully involved in decisions about their medicines and care in partnership with healthcare professionals.

3.9 Any acceptance and exclusion criteria

The acceptance and exclusion criteria will be reviewed at 6 months and 12 months by the commissioner.

3.9.1 Acceptance Criteria for STOMP review

Patients meeting **ALL** of the below;

- Registered with a DDES or North Durham GP practice AND
- Over 18 years AND
- Diagnosed with LD and/or autism AND
- Are prescribed psychotropic medication (antipsychotics, antidepressants, anxiolytics, hypnotics, anti-epileptics and mood stabilisers) that is specified as being for management of

- behaviour or with no clear indication within 3 months prior to the review AND
- There is no evidence that this medication is reviewed by a secondary care behavioural specialist

3.9.2. Exclusion Criteria for STOMP review

Patients meeting **ANY** of the below;

- Patients who do not meet inclusion criteria
- Patients who have had their psychotropic medication for management of behaviour reviewed in the previous 12 months by secondary care and it is clearly documented in their primary care record.
- Patients who are inpatient at an acute mental health hospital
- Patients who do not give consent – these patients should be feedback to the lead GP within the Practice

3.10 Interdependencies with other services and providers

The service will work closely with:-

- General practitioners, practice nurses, nurse practitioners, practice employed pharmacists/technicians and general practice non clinical staff
- Psychiatry and Mental Health Community Teams
- Consultant Psychiatrist's team
- Community LD nursing services and allied health professionals
- Employed or externally provided medicines management staff
- Hospital clinical staff
- NHS England
- Public Health England
- County Durham Social Services
- County Durham and Darlington Area Prescribing Committee

4. Applicable Service Standards

4.1 Applicable national standards e.g. NICE, Royal College

- 4.1.1 NICE guidelines
- 4.1.2 The staff providing the service must have appropriate clinical qualifications and registration to undertake the work set out in this specification.
- 4.1.3 Prescribers must be annotated as prescribers on the appropriate Professional Register and maintain up to date competencies and knowledge.
- 4.1.4 STOMP and Call to action - The use of medicines in people with learning disabilities. July 2015. Publications Gateway Reference 03689.

4.2 Applicable local standards

- 4.2.1 The Prescriber will be a AFC Band 7 or equivalent, and work 0.5 FTE
- 4.2.2 The PBS specialist(s) will be a AFC Band 5 or equivalent and must work at least 0.5 FTE to provide the required 1 FTE.
- 4.2.3 The Provider must be able to demonstrate that each individual involved in direct service delivery has suitable qualifications and experience, as detailed in sections 4.2.1 and 4.2.2.
- 4.2.4 Individuals involved in direct service delivery must have excellent interpersonal and communication skills.
- 4.2.5 Individuals involved in direct service delivery must have basic computer skills including MS Word and Excel. Familiarity with GP clinical systems, including EMIS, and SystemOne and is also desirable. The provider is responsible for ensuring all individuals directly involved in service delivery have appropriate training and costs for any training required by service provider to deliver the service will be borne by the service provider.
- 4.2.6 Individuals involved in direct service delivery must have experience of providing care in a mental health setting or the provider must have an appropriate training plan in place to ensure competency, which must be evidenced.
- 4.2.7 Individuals involved in direct service delivery must have a full, driving licence and must be able to travel independently for the purposes of this service. Any travel costs required by the service provider to deliver the service will be borne by the service provider.
- 4.2.8 Individuals involved in direct service delivery must respond to any communication from the DDES or North Durham CCG Medicines Optimisation Lead or the designated leader / co-ordinator in an appropriate and timely manner.
- 4.2.9 The provider will ensure that individuals involved in direct service delivery do not provide pharmaceutical support to any patients or practices they may be conflicted to work with.
- 4.2.10 The provider will ensure all staff delivering this service are suitably trained in relation to safeguarding and mental capacity.

4.3 Termination Notice

- 4.3.1 Standard notice of termination of the agreement will be in line with the contract term.
- 4.3.2 The Commissioner may give a lesser period of notice at its discretion if the Provider ceases to trade, becomes insolvent or has any type of receiver appointed of their assets or undertaking.
- 4.3.3 The Commissioner can terminate the contract with immediate effect where there is evidence of gross misconduct by the Provider, an employee, or a worker of the Provider, or any other party involved in the provision of the services to which this contract relates and/or in the event of any breach of the Contract by the Provider.
- 4.3.4 Gross misconduct of the Provider or an employee or worker of the Provider involved in the provision of the services to which this contract relates may for these purposes be regarded as including the following:
 - I. Theft, fraud and deliberate falsification of records;
 - II. Physical violence;
 - III. Serious bullying or harassment;
 - IV. Misuse of the Purchasers name;
 - V. Bringing the Purchaser into serious disrepute;
 - VI. Serious incapability whilst on duty brought on by alcohol or illegal drugs;
 - VII. Serious negligence which causes or may cause unacceptable loss, damage or injury;

- VIII. Serious infringements of health and safety rules;
- IX. Serious breach of confidence;
- X. Becoming involved in a relationship with a patient or service user.

This list is not intended to be exhaustive.

- 4.3.5 It is expressly stated that this agreement does not commit DDES and North Durham CCGs to future funding of the service described once the agreement terminates. The outcomes from the service

4.4 Quality standards

- 4.4.1 Standard Operating Procedures (SOPs) will be developed as required by the provider and sent to the commissioner for noting.
- 4.4.2 On appointment or revision of the service, the Provider must provide to the Commissioner, sight of original and photocopies which are to be retained, of certificates of appropriate indemnity insurance for each named individual who will be involved in direct service delivery of this service.
- 4.4.3 The Provider will ensure that each individual involved in direct service delivery will be cleared on an annual enhanced Disclosure and Barring System (DBS). The provider will be liable for any associated costs.
- 4.4.4 All interventions made to any patient to be clearly recorded on the practice clinical systems.
- 4.4.5 The provider must adhere to local/national agreed formularies, guidelines and policies, including NICE.
- 4.4.6 The Provider will be expected to comply with the clinical quality framework of the GP practice and DDES and North Durham CCGs and to function under agreed operational and clinical policies.
- 4.4.7 The provider must follow NHS Information Governance regulations and guidance, including the use of NHS.net for all information transmitted and received.

4.5 Performance management standards

- 4.5.1 Exception reporting, when appropriate will be specified and agreed prior to commencement of work programme.
- 4.5.2 The service provider will ensure that all relevant systems are in place to enable data provided to the commissioner, for DDES and North Durham CCGs as required.

5. Key Service Outcomes

- 1. An increase in the number of relevant patients within DDES and ND CCGs who have had an appropriate STOMP medication review
- 2. Improved awareness and understanding of the STOMP campaign amongst patients, carers, primary care prescribers and other relevant groups in DDES and ND CCGs.
- 3. Improved awareness amongst primary care prescribers of the guidelines for management of behaviour that challenges in patients with learning disabilities and/or autism.
- 4. Increased understanding of the baseline characteristics of these patients who are taking medications that are not reviewed under secondary care including but not exclusive to patient Quality of Life, need for additional interventions in order to achieve medication reviews etc.

6. Location of Provider Premises

This service will be delivered across all general practices within North Durham and DDES CCG – please see appendix 1.

The service may also be delivered in patient homes/care homes.

7. Annual Value for STOMP service

- 7.1 The Provider will be paid £54,000 per annum for the STOMP medication review in primary care service
- 7.2 The annual amounts detailed above are an inclusive payment for clinical advice, travel costs and additional expenses incurred by the provider, no additional expenses will be met by the Commissioner.
- 7.3 The above prices include all administration costs and include all operating costs
- 7.4 Payments will be made without deduction of PAYE. Providers are responsible for their own tax and national insurance liability.

Appendix 1

Practices have been prioritised based on the STOMP audit 2017, with those with greatest numbers of patients with LD/Autism on psychotropic medication for management of behaviour that challenges solely under primary care review.

Cohort 1 practices

Willington Medical Group	DDES
East Durham Medical Group	DDES
Stanley Medical Group	ND
Marlborough Surgery	DDES
Ferryhill and Chilton Medical Practice	DDES
Jubilee Medical Group	DDES
Consett Medical Centre	ND

Cohort 2 practices

Queens Road Surgery	ND
Auckland Medical Group	DDES
Blackhall and Peterlee Practice	DDES
St Andrew's Medical Practice	DDES
Tanfield View Medical Group	ND
William Brown Centre	DDES
Oxford Road Medical Practice	DDES
Bishopgate Medical Centre	DDES
Dunelm Medical Practice	ND
Oakfields Health Centre	ND
Station View Medical Centre	DDES

Cohort 3 Practices

Bewick Crescent Surgery	DDES
The Medical Group	ND
Annfield Plain Surgery	ND
North House Surgery	DDES
Skerne Medical Group	DDES
Murton Medical Centre	DDES
Sacrison Surgery	ND
Phoenix Medical Group	DDES
Avenue Family Practice	DDES
Bowburn Medical Centre	ND
Hallgarth Surgery	DDES
Bishops Close Medical Practice	DDES
The New Seaham Medical Group	DDES

Deneside Medical Centre	DDES
Peaseway Medical Centre	DDES

Cohort 4 practices

Leadgate Surgery	ND
The Horden Group Practice	DDES
Bridge End	ND
Silverdale Family Practice	DDES
Cestria Health Centre	ND
Pelton and Fellrose MG	ND
The Haven Surgery	ND
Pinfold Medical Practice	DDES
Belmont & Sherburn	ND
Chastleton Medical Group	ND
Evenwood Medical Practice	DDES
Woodview Medical Practice	DDES
Barnard Castle Surgery	DDES
Lanchester MC	ND
Shotton Medical Practice	DDES
Gainford Surgery	DDES
Claypath & Univeristy Medical Group	ND
Browney House Surgery	ND
Cedars Medical Group	ND
Southdene Medical Centre	DDES
West Road Surgery (Drs Lambert & NG)	ND
Brandon Lane Surgery (Denholm House)	ND
Coxhoe Medical Practice	ND
The Weardale Practice	DDES
West Rainton Surgery	ND
Cheveley Park Medical Centre	ND
Craghead Centre	ND
Great Lumley Surgery	ND
Gardiner Crescent	ND
West Cornforth Medical Centre	DDES
Middle Chare MG	ND
Old Forge Surgery	DDES
Station Road Surgery	DDES
Wingate Medical Practice Intrahealth	DDES